

AMENDMENT TRANSMITTAL LETTER				Docket No. 4614-0160PUS1																																					
Application No. 10/517,450-Conf. #5584	Filing Date September 1, 2005	Examiner I. D. Dang		Art Unit 1647																																					
Applicant(s): Marc DONATH																																									
USE OF AN INTERLEUKIN 1 RECEPTOR ANTAGONIST AND/OR Invention: PYRROLIDINEDITHIOCARBAMATE FOR THE TREATMENT OR PROPHYLAXIS OF TYPE 2 DIABETES																																									
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																									
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>																																									
<p style="text-align: center;">CLAIMS AS AMENDED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>12</td> <td>- 20 =</td> <td>0</td> <td>x 52.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>- 4 =</td> <td>0</td> <td>x 220.00</td> <td>0.00</td> </tr> <tr> <td colspan="6" style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black; text-align: center;">Other fee (please specify): Extension for response within third month 1,110.00</td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black; text-align: center;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 1,110.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	12	- 20 =	0	x 52.00	0.00	Independent Claims	2	- 4 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): Extension for response within third month 1,110.00						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 1,110.00					
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<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																									
<input type="checkbox"/> No additional fee is required for this amendment.																																									
<input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 1,110.00 . A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
 Leonard R. Svensson Attorney Reg. No.: 30,330																																									
Dated: November 14, 2008																																									
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